Physical Preparation for School Admission*

RICHARD A. BOLT, M.D., DR.P.H., F.A.P.H.A.
Director of Cleveland Child Health Association, Cleveland, Ohio

YEAR after year we continue routine physical examinations of children on school entrance. We find practically the same defects in about the same percentage of cases. We record the findings more or less accurately and completely. For various reasons we find it difficult to secure prompt and effective correction. Hampered by his defects it takes the child a year or two to adjust himself to the new order of things. This is decidedly harmful to the child as well as expensive to the school.

We know that children with depleted nutrition, with defects of sight and hearing, with dead or dying teeth, with enlarged and infected tonsils, cannot take full advantage of the educational procedures which are offered. School physicians and nurses are fully aware of this, and teachers soon recognize the relationship between poor physical condition and the ability of the child to measure up to standard in the daily program.

School medical inspection was among the first public health measures to be applied to children. As early as 1842 France issued a decree for school inspection by physicians. In the United States the first law relative to medical inspection was passed in Connecticut in 1899.

Since then we have accumulated a great deal of experience in developing routine medical inspection and in providing a follow-up by public health nurses; yet it must be confessed that in many places less real progress has been made in the early correction of defects and the inculcation of health habits than in any other phase of child health. Why should this continue?

The study of physical defects among school children in New York City, conducted by the Research Division of the American Child Health Association, showed clearly that a considerable proportion of the defects discovered during the course of routine medical examinations were not corrected. A number of pertinent questions were raised:

1. To what extent have school health staffs been remiss in following up the case and in impressing parents with its importance?
2. Is the lack of response on the part of parents due to apathy or neglect?
3. To what extent is lack of corrective facilities, within the financial means of parents, to blame?
4. Is it possible that the character of the examination in the first place has been responsible for unduly encumbering the records with matters which are not as serious as they appear? Is this one of the reasons why parents fail to respond? [1]

The failure to obtain results was due largely to the method of recording the defects, to a conflict of opinion which prevented continued follow-up, and to the fact that the parents did not coöperate with the school authorities in carrying out the recommendations.

* Read at a Joint Session of the American Association of School Physicians and the Child Hygiene Section of the American Public Health Association, at the Sixty-fourth Annual Meeting in Milwaukee, Wis., October 7, 1935.

To this must be added the inability of many parents to pay full medical fees.

In a survey conducted by the National Organization for Public Health Nursing[2] an appraisal was made of the quality of work performed by public health nurses of 57 agencies in 28 communities throughout the United States. In order of quality this survey rated the nursing services as follows:

1. Prenatal care
2. Care of the sick
3. Postpartum and neonatal care
4. Health supervision of infants
5. Disease prevention including—
   a. Tuberculosis control
   b. Communicable disease control
   c. Syphilis and gonorrhea control
6. Health supervision of preschool children
7. Health supervision of school children

It is significant that school health supervision should fall at the very bottom of the list. Nursing follow-up for school children undoubtedly has a good deal to do with the response of parents in having defects corrected.

Neither of these surveys, it seems to me, touches the mainspring of the difficulty. When the child enters school over 50 per cent of the opportunity to prevent certain communicable diseases is over. If suitable immunization measures were carried out in the preschool period there would be fewer cases of infectious disease arising in the schools. Many of the defects from which the child suffers in school have been acquired before school entrance and have remained unnoticed and uncorrected for such a long time that the parents have overlooked their importance. It is only in the school environment itself that the defects become noticeable. There they impede the progress of the child.

It is well known that the babies and infants up to 2 years of age, on the whole, have received exceptionally good care. This is the result of effective public health and preventive pediatric measures which have been continued in spite of the depression. The great majority of children arriving at the age of 2 years have been under medical and nursing supervision and are in good condition. It is during the period from 2 to 6 that these children get out from under organized social control, and that the parents neglect to carry out measures necessary to prevent defects, or to have them corrected when they occur.

If preschool children were examined thoroughly by competent medical personnel and proper follow-up were instituted, there is no question that a great deal of the load of medical inspection during the first years of school life could be lifted. The children would gain immeasurably in having the defects corrected before school entrance; the school would be in a much better position to adjust the children earlier to its curriculum.

We have definite knowledge of the nature and extent of defects from which preschool children suffer. In many instances we are able to prevent or correct them. We have adequate professional skill to make the corrections. I am convinced the difficulty is not so much the lack of knowledge and proper technics to prevent many of the defects of childhood, or to correct them when they have occurred, as the lack of a properly coördinated system of child welfare to carry the excellent results which have been obtained in infancy over into the preschool and school years. If this could be accomplished we not only would help the children to better health and earlier school adjustment but an enormous amount of money would be saved which now is expended in attempts to get corrections carried out through the schools. The schools then would be in a position to devote themselves more to the health education aspects of health supervision.

The gap may be filled either by extending the work from the infant

welfare centers to cover the preschool child or by pushing back the school health work to join with the infant welfare. A continuous health record of the child from infancy through school life would be of great value.

The problem, therefore, resolves itself not into technical—medical, dental, and nursing—procedures; but into a program of community organization along socio-medical lines. Up to the present we have attempted to reach the preschool child through family physicians, general health work, specialized services in day nurseries and nursery schools, and sporadic efforts of preschool drives. Undoubtedly this has called to the attention of parents the condition of preschool children and has stimulated a certain number to have corrections carried out before school entrance; but it has been carried out in such a haphazard manner that it has reached only a small proportion of the preschool population. If we are to secure results for older children comparable to those in the infant welfare field, we must develop our program for the preschool group.

It is true theoretically that each family should have its own family physician and that the physician should follow the child right on through school. When it comes to a practical application of corrections, however, we find that not more than 10 or 15 per cent of the families can afford private physicians' services for preventive and corrective work.

Abundant experience has demonstrated that the most practical method of reaching large numbers of children at minimum cost is through well organized health centers. Another possibility, as has been suggested, is an extension downward of the school medical service. The kindergarten is still a feature of a number of the public school systems in America; but in many places it has remained bound to methods which have become antiquated. A number of kindergartens throughout the country, however, are transforming themselves gradually into what might well be called nursery schools.

England has found it possible through nursery schools to secure the correction of a great many of the defects of preschool children. If the kindergarten system of America extends its influence gradually downward, there is great opportunity for the medical service to concentrate on this period and thus secure the correction of defects at a much earlier time.

The excellent results secured by the health care of children in the best conditioned day nurseries and nursery schools give promise that a wider extension of preschool preparation for school will bring about desired results from the standpoint of parents, children, and schools.

REFERENCES

1. *Physical Defects—The Pathway to Correction,* American Child Health Association, 1934, p. 2.
2. *Survey of Public Health Nursing in the United States,* National Organization for Public Health Nursing, 1934.

Milk

YOU don't have to be a calf to enjoy milk, for there is no substitute for this indispensable food in the human diet. Use it, therefore, in liberal amounts in your daily diets, whether you want to slenderize or become more ponderous, or merely want a protective food that will help to maintain the vigor and stamina of a comely and well-formed body.—James A. Tobey, Dr.P.H., Radio Talk, Milwaukee Annual Meeting.